2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011005

FILED Jan 22, 2007 Secretary of State

Entity Name: SEFFNER MANGO VOLUNTEER FIRE RESCUE, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
208 CLAIR SEFFNER,	E DRIVE , FL 33584	US				
Current Mailing Address:			New Maili	New Mailing Address:		
208 CLAIR SEFFNER,	E DRIVE , FL 33584	US				
FEI Number:	20-3694841	FEI Number Applied For ()	FEI Number Not Appli	icable () Certificate of Status Desired ()		
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:		
MOLLOY, I 325 S. BOL TAMPA, FL	JLEVARD	JS				
	named entity of Florida.	submits this statement for the pur	rpose of changing it	ts registered office or registered agent, or both,		
SIGNATUF	RE:					
	Electro	onic Signature of Registered Agen	t	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP (STOREY, MIC 4308 DUNCO VALRICO, FL	MBE DR.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D (SEEGAR, BU' 809 N. KINGS SEFFNER, FL	WAY RD.	Title: Name: Address: City-St-Zip:	D (X) Change () Addition STOREY, MICHAEL A 4308 DUNCOMBE DRIVE VALRICO, FL 33594 US		
Title: Name: Address: City-St-Zip:	D (CASSIANO, J 905 CHADSW SEFFNER, FL	ORTH AVE.	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D (BARNES, MA 103 APACHE TAMPA, FL 3	LANE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D (BUDDEN, ELI 606 AVOCAD SEFFNER, FL	O DR.	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D (BUDDEN, ELI 606 AVOCAD SEFFNER, FL	O DR.	Title: Name: Address: City-St-Zip:	D (X) Change () Addition BUDDEN, ELIZABETH 606 AVOCADO DR SEFFNER, FL 33584 US		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A. STOREY DP 01/22/2007